Statement

Details of Cases of Illegal Kidney and Other Organ Transplantations in various Government/Private Hospitals Reported and Action Taken - as received from Various States/Union Territories

Sl. No.	Name of State Union Territory	Details of cases reported
1.	NCT of Delhi	Delhi Police has registered six FIRs in respect of illegal kidney transplantations in Research and Referral Hospital, New Delhi, Indraprastha Apollo Hospital, New Delhi, Sir Ganga Ram Hospital, New Delhi and Kakkar Hospital, Amritsar. As a result, ten people had been arrested by the Delhi Police.
2.	Maharashtra	Government of Maharashtra have informed that in January 2004 Dr. S.P. Trivedi of Bombay Hospital, Mumbai has been prosecuted for the charges of cheating and forgery that deal with illegal trafficking of human organs.
3.	Punjab	Government of Punjab have reported that sale of human organs for transplant, particularly kidneys was detected in a few cases in the State which are under investigation of the Special Investigating. Team constituted for this purpose. As a result of the investigations, many people have been arrested and one hospital, namely, Ram Saran Dass Kishorilal Charitable Trust Hospital Amritsar has been deregistered. However, there is no large scale exploitation of the poor in the name of organ transplant in the State.
4.	Gurgaon, Haryana	CBI has re-registered two cases pertaining to Gurgaon (Haryana and Moradabad (Uttar Pradesh). CBI has arrested 8 suspected doctors and their associates.
5.	Moradabad, Uttar Pradesh	

Other States/Union Territories have not reported any commercial sale of organs.

National rural health mission

857. SHRIMATI MOHSINA KIDWAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has evaluated the scheme and performance of the National Rural Health Mission;

(b) if so, the details thereof;

(c) the States which are lagging behind in the implementation of the Mission;

(d) whether serious misappropriation of funds has been detected in some World Bank sponsored health programmes in the country;

(e) if so, which are those programmes and Government's reaction thereto; and

(f) the parameters of evaluation/social audit etc. for the National Rural Health Mission and other health programmes in the country alongwith the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANAB AKALAKSHMI): (a) to (f) The National Rural Health Mission (NRHM) is an overarching umbrella initiative for establishing a functional, community owned, decentralized health delivery system with their sectoral convergence at all levels.

The NRHM has in built protocols for financial and physical monitoring and evaluation. All constituents of NRHM have pooled their resources and an integrated MIS has been operationalised to facilitate the process.

The parameters which are subject matter of evaluation/social audit include physical upgradation of facilities, improvements in availability of equipments, logistics and management, improved availability of human resources along with change in range and quality of service delivery at various levels. The progress on these parameters is benchmarked against baseline facility surveys. Community monitoring and concurrent external evaluations provide valuable inputs for triangulating the in house data and results of periodic thematic surveys.

The Mission Steerting Group (MSG) of NRHM, comprises Union Ministers who are incharge of key determinants of health. Independent Public Health Experts of eminence are also members of this group. The sessions of MSG are forums for evaluation of progress of NRHM. Similar mechanism also exists at the state level.

The Mentoring Group on ASH A and Advisory Group on Community Action (which have been constituted with leading NGOs as members) and the Regional Resource Centres are key institutions engaged in concurrent evaluation of NRHM.

Many of the key strategies under NRHM like ASHA and JSY have also been evaluated with assistance of external agencies. The fidelity of financial processes in some of the states have also been evaluated.

A Common Review Mission (CRM) was also undertaken during November 2007 where independent teams went to 13 representative States, visited health facilities and interacted with community organizations. The reports of the CRM have been widely shared.

All the States have established institutional framework of NRHM and started operationalisation of various strategies. The capacities of all States for training and management are being augmented on priority and progress against key indicators is being monitored.

The World Bank has undertaken a detailed implementation review of five health sector projects which were being implemented during periods varying from 1997 till 2006 end. Certain deficiencies have been highlighted in the report in relation to programmes including HIV/ AIDS, Revised National Tuberculosis Control Programme, Orissa Health System Project etc.

To address the systemic deficiencies pointed out in the World Bank report relating to procurement, implementation and oversight a Joint Action Plan has been finalised after intensive discussions with the World Bank keeping in mind specific interventions and timelines.